



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

COPY

C. L. "BUTCH" OTTER, GOVERNOR  
RICHARD M. ARMSTRONG, DIRECTOR

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888

October 28, 2009

Ferren Weeks  
Yellowstone Group Home #2 Sunnybrook  
560 West Sunnyside Lane  
Idaho Falls, ID 83401

RE: Yellowstone Group Home #2 Sunnybrook, provider #13G064

Dear Mr. Weeks:

This is to advise you of the findings of the Medicaid/Licensure survey, which was conducted at your facility, Yellowstone Group Home #2 Sunnybrook, on October 22, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, which states that no Federal deficiencies were noted at the time of the survey.

Also enclosed is a Statement of Deficiencies/Plan of Correction form listing State Licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction.

**It is important that your Plan of Correction address each deficiency in the following manner:**

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **November 10, 2009**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

This request must be received by November 10, 2009. If a request for informal dispute resolution is received after November 10, 2009, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



FOR  
JIM TROUTFETTER  
Health Facility Surveyor  
Non-Long Term Care



NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

JT/mlw

Enclosures



RECEIVED

NOV 4 9 2009

FACILITY STANDARDS

November 3, 2009

Jim Troutfetter  
Idaho Department of Health and Welfare  
Bureau of Facility Standards  
3232 Elder St.  
Boise, ID 83720-0036

Dear Jim:

This is the Plan of Correction for the survey concluded at Yellowstone Group Home #2 Sunnybrook, on October 22, 2009. I would like to take the opportunity to thank you and Matt Hauser for the helpful information you always share. The survey process is always a learning experience, and you certainly made it helpful as well as pleasant.

Sincerely,

*Becky Jernberg*  
Becky Jernberg  
Administrator/AQMRP

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/27/2009  
FORM APPROVED  
OMB NO. 0938-0391

|   |  |  |  |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>13G064</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/22/2009</b> |
|---|--|--|--|

NAME OF PROVIDER OR SUPPLIER

**YELLOWSTONE GROUP HOME #2 SUNNYBROOK**

STREET ADDRESS, CITY, STATE, ZIP CODE

**3245 SUNNYBROOK LANE  
IDAHO FALLS, ID 83402**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE |
|--------------------------|---|---------------------|--|----------------------------|
| W 000                    | <p><b>INITIAL COMMENTS</b></p> <p>Yellowstone Group Home #2 Sunnybrook, is in compliance with the requirements of 42 CFR 483 Subpart I, Conditions of Participation: Intermediate Care Facilities for Persons with Mental Retardation.</p> <p>The survey was conducted by:<br/>Jim Troutfetter, QMRP, Team Leader<br/>Matt Hauser, QMRP</p> | W 000               | <p><b>RECEIVED</b></p> <p><b>NOV 09 2009</b></p> <p><b>FACILITY STANDARDS</b></p>  |                            |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Becky Fuernberg*

*Administrator / QMRP*

*11/3/09*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Bureau of Facility Standards

|   |   |  |  |  |
|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                           |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>13G064</b>                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/22/2009</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>YELLOWSTONE GROUP HOME #2 SUNNYBRC</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3245 SUNNYBROOK LANE<br/>IDAHO FALLS, ID 83402</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)             | (X5)<br>COMPLETE<br>DATE                               |
| M 000   | 16.03.11 Initial Comments<br><br>The following deficiency was cited during the<br>licensing survey.<br><br>The survey was conducted by:<br>Jim Troutfetter, QMRP, Team Leader<br>Matt Hauser, QMRP  | M 000  |  |  |
| MM271   | 16.03.11.100.04(b) Storage of Toxic Chemicals<br><br>All toxic chemicals must be properly labeled and<br>stored under lock and key.<br>This Rule is not met as evidenced by:<br>Based on observation it was determined the<br>facility failed to ensure all toxic chemicals were<br>stored under lock and key for 6 of 6 individuals<br>(Individuals #1 - #6) residing in the facility. This<br>resulted in individuals having potential access to<br>toxic chemicals. The findings include:<br><br>During an observation on 10/21/09 from 9:25 -<br>9:42 a.m., the following chemicals were noted to<br>be unlocked in the facility's hot water heater<br>closet:<br><br>- One container of power steering fluid with a<br>label stating "Harmful if swallowed" and "If<br>swallowed immediately call poison control."<br><br>- One container of brake fluid with a label stating<br>"Harmful if swallowed" and "If swallowed<br>immediately call poison control."<br><br>The Administrator, who was present, took<br>possession of the chemicals at 9:35 a.m.<br><br>The facility failed to ensure all toxic chemicals<br>were kept under lock and key. | MM271  | <i>Please see attached<br/>Plan of correction.</i><br><br><b>RECEIVED</b><br><br><b>NOV 19 2009</b><br><br><b>FACILITY STANDARDS</b> |  |

Bureau of Facility Standards

*Becky Jumberg*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE  
*Administrator / AQMRP*

(X6) DATE  
*11/2/09*

STATE FORM

6899

CREL11

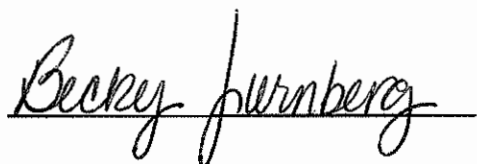
If continuation sheet 1 of 1

## Plan of Correction to MM271-Storage of Toxic Chemicals

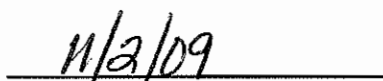
Supervisors and staff are aware that toxic chemicals need to be locked up at all times. Our supervisor had just finished putting fluids into our van and she had set the items down and put her attention to other issues in the home and did not get back to locking them up. The toxic chemicals were immediately locked up.

Memo was posted in the home stating that all staff needs to be aware that toxic chemicals need locked up after use. The administrator at the home will also check when she is at the home to make sure these items are locked away.

Correction Date: 10/21/2009



Administrator/AQMRP



Date

## MEMORANDUM

TO: Sunnybrook staff  
FROM: Becky  
DATE: October 21, 2009  
RE: Toxic chemicals

This is a reminder to all staff that “toxic chemicals” need to be locked up after use at all times. If you should see a chemical out please take the time and lock it up immediately.

If you have any questions please feel free to contact me.

Thank you

Becky